

PRINT in BLACK ink

Enter the name of the county in which this case is filed.	STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY	<i>For Official Use</i>
Check marriage or paternity. If paternity, enter initials of child.	In Re: The <input type="checkbox"/> marriage <input type="checkbox"/> paternity of _____ Petitioner/Joint Petitioner-Wife: _____ First name Middle name Last name _____ Current Mailing Address (Street, City, State and Zip)	Motion for and Notice of New (De Novo) Hearing
Enter the name and address of the petitioner. If joint petitioners, enter the name of the wife.	and Respondent/Joint Petitioner-Husband: _____ First name Middle name Last name _____ Current Mailing Address (Street, City, State and Zip)	
Enter the name and address of the respondent. If joint petitioners, enter the name of the husband.	Case No. _____	
Enter the case number.		
Enter the name of the other spouse/parent.	To: Name _____	
Enter the date {month, day, year} that the order was signed, the name of the circuit court commissioner who granted the order, and mark the boxes that describe the issue(s) you want heard again.	I request a new hearing on the following issues decided on _____ by Circuit Court Commissioner _____ <input type="checkbox"/> Child Support/Maintenance/Family Support <input type="checkbox"/> Legal Custody/Physical Placement <input type="checkbox"/> Property <input type="checkbox"/> Other: _____	
Check 1 or 2. If 1, attach a copy of the signed order.	1. <input type="checkbox"/> I have attached a copy of the signed Order from the above hearing date. 2. <input type="checkbox"/> I have not yet received a copy of the signed Order from the above hearing.	
For Court Use Only: The Clerk will complete this section.	The De Novo Hearing is scheduled: Before _____ Circuit Court Judge Location _____ _____ Date _____ Time _____ am/pm.	
If you require reasonable accommodations to participate in the court process due to a disability, please call _____ at least 10 days prior to the scheduled court date. Please note that the court does not provide transportation.		
Sign and print your name. Enter the date in which you signed your name. Note: This signature does not need to be notarized.	<div style="text-align: right;"><div style="text-align: center; margin-bottom: 5px;">Signature</div><div style="text-align: center; margin-bottom: 5px;">Print or Type Name</div><div style="text-align: center;">Date</div></div>	

Note: A copy of this request must be served by mail on all other parties who appeared at the original hearing.